

MEDICARE PRIMARY PLANS *for MEDICARE RETIREES*

MONTHLY PREMIUM RATES *January 1, 2016 - December 31, 2016*

MEDICARE PRIMARY FOR RETIREE AND DEPENDENT(S)

| | <i>Medicare Advantage Base Plan</i> | <i>Medicare Advantage Enhanced Plan</i> | <i>Traditional 70/30 Plan</i> |
|-----------------------------|---|---|-------------------------------|
| Retiree Only | \$0.00 | \$66.00 | \$0.00 |
| Retiree + Child(ren) | \$132.00 | \$264.00 | \$150.06 |
| Retiree + Spouse | \$132.00 | \$264.00 | \$394.56 |
| Retiree + Family | \$264.00 | \$462.00 | \$429.92 |

MEDICARE PRIMARY FOR RETIREE AND NON-MEDICARE PRIMARY FOR DEPENDENT(S)

CONSUMER-DIRECTED HEALTH PLAN FOR NON-MEDICARE PRIMARY DEPENDENT(S)

| | | | |
|-----------------------------|-----------------|-----------------|-----------------|
| Retiree + Child(ren) | \$189.82 | \$255.82 | \$189.82 |
| Retiree + Spouse | \$489.14 | \$555.14 | \$489.14 |
| Retiree + Family | \$520.96 | \$586.96 | \$520.96 |

ENHANCED 80/20 PLAN FOR NON-MEDICARE PRIMARY DEPENDENT(S)

| | | | |
|-----------------------------|-----------------|-----------------|-----------------|
| Retiree + Child(ren) | \$280.52 | \$346.52 | \$280.52 |
| Retiree + Spouse | \$646.32 | \$712.32 | \$646.32 |
| Retiree + Family | \$685.22 | \$751.22 | \$685.22 |

TRADITIONAL 70/30 PLAN FOR NON-MEDICARE PRIMARY DEPENDENT(S)

| | | | |
|-----------------------------|-----------------|-----------------|-----------------|
| Retiree + Child(ren) | \$210.92 | \$276.92 | \$210.92 |
| Retiree + Spouse | \$543.46 | \$609.46 | \$543.46 |
| Retiree + Family | \$578.86 | \$644.86 | \$578.86 |

Notes:

- 1 If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
- 2 If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).
- 3 If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.
- 4 The employer share for Medicare Retirees is \$360.24.